STATE OF CALIFORNIA
DEPARTMENT OF PERSONNEL ADMINISTRATION
DRUG/ALCOHOL TEST AUTHORIZATION
DPA 177 (REV. 06-10)

EMPLOYEES: EMPLOYEES <u>MUST</u> BRING IN AN ALERE/KROLL LABORATORY CUSTODY AND CONTROL FORM WITH THEM TO THE COLLECTION SITE.

<u>SUPERVISORS</u>: IF YOU DO NOT HAVE ANY FORMS, CALL 1-800-433-3823, OPTION 5 AND ARRANGEMENTS WILL BE MADE TO HAVE FORMS SENT TO YOU.

COLLECTION SITES: IF THE EMPLOYEE DID NOT BRING AN ALERE/KROLL LABORATORY CUSTODY AND CONTROL FORM WITH THEM, PLEASE CONTACT THEIR SUPERVISOR.

BOX 1	REASON FOR TEST:	☐ Follow Up ☐ Post Accident	☐ Pre-Emplo	yment	☐ Reasonable Suspicion☐ Return to Duty			
		☐ Post Incident (CHP USE)	L Random		- Return to Buty			
	TEST(S) TO BE PERFOR	☐ Urine Collection		☐ Breath Alcohol Test				
	, ,	Split Specimen (Use Kroll Collection)	ntion Kital					
		clion Kits)						
BOX 2	Name of Employee to be Tested (Last, First, MI)		Employee Identification Number		CBID (CDCR USE)			
		□ R06 □ S06 □ M06						
	Agency		L					
	L							
вох з	Name of Collection Site							
	Address of Collection Site							
	Telephone Number of Co		Contact Person at Collection Site					
501/ /				.				
BOX 4	Department Ordering Offi	!	Phone Num	oer				
	Signature of Ordering Off	!	Date					

DISTRIBUTION: ORIGINAL - Agency COPY - Employee

			PERSONA	AL INFORMATI	ON NOTICE			
seq.) volur provi infori right), notice is here ntary. The prin ide all or any p mation will be upon request	deral Privacy Act (leby given for the re ncipal purpose of the rart of the requeste made unless perm and proper identificaticular. Direct an	equest of person ne voluntary info ed information m issible under Ar cation, to inspec	nal information ormation is to fa nay delay proce rticle 6, Section of all personal i	by this form. The cilitate the pro- possing of this for 1798.24 of the offermation in a	The requested possing of this form. No disclosure IPA of 1977. Entry record maintains	ersonal informatio orm. The failure to ire of personal Each individual has	n is o s the